

Attachment 4

U.S. Department of Justice
Immigration and Naturalization Service

Immigration Detainer - Notice of Action

BOP No.: 40595004

File No: 037535310

Date: 2/10/2005

To: (Name and title of institution)	From: (INS office address)
WARDEN MAXWELL AFB FED PRIS CAMP MAXWELL AIRFORCE BASE MONTGOMERY ALABAMA 36112	U.S. IMMIGRATION SERVICE OAKDALE, P.O. BOX 5095 101 East Whitley Rd. Oakdale LA 71463

Name of alien: CRUZ, Carlos Projected Release: 11/8/2006
 Date of birth: 9/13/1959 Nationality: CUBA Sex: Male

You are advised that the action noted below has been taken by the Immigration and Naturalization Service concerning the above-named inmate of your institution:

- ☒ Investigation has been initiated to determine whether this person is subject to removal from the United States.
- ☐ A Notice to Appear or other charging document initiating removal proceedings, a copy of which is attached, was served on _____ (Date)
- ☐ A warrant of arrest in removal proceedings, a copy of which is attached was served on _____ (Date)
- ☐ Deportation or removal from the United States has been ordered.

It is requested that you:

Please accept this notice as a detainer. This is for notification purposes only and does not limit your discretion in any decision affecting the offender's classification, work and quarters assignments, or other treatment which he or she would otherwise receive.

☐ Federal regulations (8 CFR 287.7) require that you detain the alien for a period not to exceed 48 hours (excluding Saturdays, Sundays and Federal holidays) to provide adequate time for INS to assume custody of the alien. You may notify INS by calling _____ during business hours or _____ after hours in an emergency.

☐ Please complete and sign the bottom block of the duplicate of this form and return it to this office. ☐ A self-addressed stamped envelope is enclosed for you convenience. ☐ Please return a signed copy via facsimile to _____ (Area code and facsimile number)

Return fax to the attention of _____ at _____
 (Name of INS officer handling case) (Area code and phone number)

☒ Notify this office of the time of release at least 30 days prior to release or as far in advance as possible.

☒ Notify this office in the event of the inmate's death or transfer to another institution.

☐ Please cancel the detainer previously placed by this Service on _____

Debbie Guenger
 (Signature of INS official)

 INVESTIGATIVE ASSISTANT
 (Title of INS official)

Receipt acknowledged:

Date of latest conviction: _____ Latest conviction charge: _____
 Estimated release date: _____

Signature and title of official: _____